

Eill	in this information to	o identify your co	20:									
	otor 1	Edward R. Si										
	otor 2 buse, if filing)	Theresa Sieg										
United States Bankruptcy Cou		tcy Court for the:	the: EASTERN DISTRICT OF PENNSYLVANIA, PHILADELPHIA DIVISION									
Cas	se number 16-	17035					-	Check if this	is:			
(If known)							İ	An amended filing				
)				ng postpetition on wing date:	chapter 13
	fficial Form		MM / DE	MM / DD/ YYYY								
So	chedule I: `	Your Inco	me									12/1
atta	t 1: Describe	et to this form. O	spouse is not filing witl n the top of any addition	nal pages, wri				ase number (if	know	n). An	iswer every qu	
	information. If you have more than one job, attach a separate page with information about additional employers.			Debtor 1				■ Employed □ Not employed school teacher				
			Employment status	☐ Employed ■ Not employed								
			Occupation									scho
	Include part-time, self-employed wor		Employer's name					hatb	hatboro horsham school district			
	Occupation may in homemaker, if it a		Employer's address					229 Meetinghouse Rd Horsham, PA 19044-2119				
How long employed			ere?		9 years							
Par	t 2: Give Det	tails About Mont	hly Income									
	mate monthly inco		e you file this form. If yo	ou have nothing	g to report for	any I	ine	, write \$0 in the	space.	Inclu	de your non-filir	ng spouse
	u or your non-filing s e, attach a separate		than one employer, comb	ine the informa	ation for all em	ploy	ers	for that person	on the	lines l	below. If you ne	ed more
								For Debtor 1			ebtor 2 or ling spouse	
2.			, and commissions (before local loca		2		\$.	0.0	<u>0</u> s	S	5,030.91	
3.	Estimate and list	monthly overting	ne pay.		3	. +	+\$ _	0.0	<u>0</u> +	-\$	0.00	
4.	Calculate gross l	Income. Add line	e 2 + line 3.		4	. [\$	0.00		\$	5,030.91	

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Siegler, Edward R. & Siegler, Theresa	_	Case number (if known)	16-17035		
				For Debtor 1	For Debtor 2 or non-filing spouse		
	Сор	y line 4 here	4.	\$ 0.00	\$ 5,030.91		
5.	List	all payroll deductions:					
٠.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	\$ 639.38		
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ 377.33		
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	\$ 0.00		
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00	\$ 0.00		
	5e.	Insurance	5e.	\$ 0.00	\$ 403.46		
	5f.	Domestic support obligations	5f.	\$ 0.00	\$ 0.00		
	5g.	Union dues	5g.	\$ 0.00	\$ 0.00		
	5h.	Other deductions Charity	5h.+	, 0.00	+ \$ 0.00		
	011.	lwt		\$ 0.00	\$ 46.04		
6.	٨٨٨	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.				
				·			
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$3,564.70_		
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$ 0.00		
	8b.	Interest and dividends	8b.	\$ 0.00	\$ 0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$ 0.00	\$ 800.00		
	8d.	Unemployment compensation	8d.	\$ 0.00	\$ 0.00		
	8e.	Social Security	8e.	\$ 0.00	\$ 0.00		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	\$ 0.00		
	8g.	Pension or retirement income	8g.	\$ 0.00	\$ 0.00		
	8h.	Other monthly income. Specify:	8h.+	\$ 0.00	+ \$ 0.00		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$800.00		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	0.00 + \$	4,364.70		
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your do refriends or relatives. In include any amounts already included in lines 2-10 or amounts that are not available:	ependen	•			
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain					
13.	Do y ■	ou expect an increase or decrease within the year after you file this form No.	?		Combined monthly income		
	П	Yes Explain:					

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